The Belgian End of Mission Transition Period: Lessons Learned from Third Location Decompression after Operational Deployment

Erik L.J.L. DE SOIR
Major
Head of the Psychosocial Support Section
Department of Well-being
Queen Astrid Military Hospital
Bruynstraat 1
B-1120 Neder-over-Heembeek (Brussels)
BELGIUM

erik.desoir@mil.be

ABSTRACT

This paper refers to the transition period which is organized by the Belgian Defence in order to allow returning troops who have been deployed in difficult, dangerous and potentially traumatic operation theatres to collectively decompress at the end of their mission.

The so called Third Location Decompression (TLD) – renamed in Belgium as Adaptation Period - has been developed by several NATO countries and can be viewed as an important preventive tool for post operational stress management and adjustment for returning soldiers and their significant others. TLD programs aim to combine post mission debriefing, psychosocial adjustment, mental and physical relaxation, sense giving and mental health psycho-education in a location that is safe and comfortable. There remain several discussion points about the inclusion criteria – i.e. who needs TLD - and whether or not civilian facilities should be used. Except some studies on the perceived utility, up to now there is little empirical evidence about the benefits of TLD on post mission health issues and its usefulness regarding trauma screening and prevention.

This presentation will focus on the key features of various TLD programs with troops that have been deployed in different theatres in Afghanistan. The ingredients of the Belgian TLD program, the SAS, will be discussed in the light of the perceived benefits obtained in other NATO countries.

1.0 INTRODUCTION ON THIRD LOCATION DECOMPRESSION

Third location decompression (TLD) refers to the procedures allowing troops to 'unwind' – i.e. 'to wash off the mission' – after long term operational deployment in arduous and/or dangerous operational theatres such as South Afghanistan our Iraq. Within the Belgian Armed Forces, the question of a possible test case for 'decompression' was raised by the Chief of Defence (CHOD) in Spring 2010. It is commonly known that post operational stress management is an important element in psychosocial support for soldiers and their most significant others. While in other NATO armies, the term "third location decompression" is used, a workgroup of Belgian operational stress specialists1 preferred to rename this transition period as 'adaptation period', inspired by the French 'sas d'adaptation'. Decompression aims at 'the release from compression or stress' or 'a gradual reduction in pressure and/or operational stress'. The so-called 'third location' refers to a location that is neither the operational theatre nor home, somewhere in the middle of the communication line between the deployment zone and the home-front, where a combined program of rest, relaxation, psycho-education and post mission debriefing can take place. The rationale of these

[1] Counselors in Mental Readiness, psychologists belonging to the Mental Health & Crisis Psychology Centre of the Queen Astrid Military Hospital, social workers and representatives from both the operations & training and well-being department.

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programs is based upon the literature on combat motivation, which holds that the morale and effectiveness of any individual is dependent on his or her membership of a tight-knit social group for which it is important to ensure reintegration within the primary group which has been exposed to operational stressors and/or combat exposure [1] Throughout history, decompression has been seen as time away from the warfront, being temporarily away from combat, taking time for relaxation and physical recovery. During the Vietnam conflict, soldiers needed decompression but too often there was a lack of time and a quick return to the operation theatres [2]. This kind of decompression did not prepare warriors to adapt to civilian life and did not offer the necessary time to unwind before returning to their families. After some armed conflicts, the decompression effect might have occurred unintentionally. Freedman [3] described how troops returned from the Falklands war by sea or by sea and air. Those who sailed home appeared to do better in psychological terms than those who sailed only part of the journey; it seems obvious that the former had more time available to 'debrief' each other, to unwind or to decompress. Even if these experiences are not to be seen as strong empirical evidence, they now appear to have been a starting point in the systematic development of post deployment support for returning troops and there is an increasing acceptation '…that decompression leave following combat is essential' [4].

This paper first explores the 'decompression' programs of other NATO armies in order to explore whether or not there is a consensus on the key elements of these unwinding procedures. Secondly, the focus will be put on the Belgian post mission adaptation program i.e. the SAS (sas d'adaptation – adaptatie sas) which is still in a test phase. Finally, important lessons learned on the communication of these programs towards the soldiers, their most significant others and the media will be briefly presented.

2.0 THIRD LOCATION DECOMPRESSION: STATE OF THE ART

2.1 Generalities

A Third Location Decompression (TLD) Workshop was held 11-13 May 2009 in Portsmouth, UK in order to review the existing decompression programs in Canada, the Netherlands, the United Kingdom and the United States [5]. Military mental health professionals compared the existing TLD programs which are currently in use in order to investigate whether or not these programs appear to improve mental health in returning troops.

This workshop was the first attempt to reach a consensus between the participating nations on the key questions regarding TLD. Some of the results of this workshop will be used in this paper.

The majority opinion was that TLD programs should be available to all deploying personnel, planned by operational commanders, and follow a structured format. The standard TLD program should include a combination of psycho-education, rest, and recreation and should have mental health professionals and chaplains or padres available for non-mandatory informal interaction. TLD should facilitate informal discussions about the operational experiences to stimulate closure. It should not be seen as trauma (PTSD) or suicide prevention but it may reduce stigma associated with seeking help for mental health problems. [5]

Belgium and France did not actively participate in the workshop mentioned above. In Belgium, the concept is rather new and, as already mentioned, still in a test phase. France organizes a SAS (Sas de fin de mission) since approximately 1 year for its OMLT troops. The experiences with an elite unit ($8^{ième}$ Régt Parachutiste) which had been ambushed in Afghanistan, with 10 fatalities as a consequence, urged the French armed forces to elaborate post mission counseling for returning troops. A first TLD was organized 'in the run', and took place on a US military base in Bagram but a number of practical problems convinced the EMAT (*Etat-Major de l'Armée de Terre*) to use a hotel resort in Cyprus like several other NATO countries already did.

It is important to state that to our knowledge, no study has been able to provide high quality empirical evidence that TLD is conclusively beneficial. It remains unclear whether and how TLD should be linked to the nature and intensity of the operations that returning soldiers have experienced. The evaluation data of TLD programs are to be seen as satisfaction data rather than hard evidence on the psychological benefits of these programs. The experiences of other countries have to be considered in this light: till now, there still is absence of definitive evidence that decompression is associated with improved post mission mental health outcomes, or conversely that lack of decompression is associated with the reverse.

2.1.1 Goals of Decompression Programs

The ultimate goal of decompression is the preservation of the resiliency of soldiers after long term deployment in difficult conditions. It seems clear that a broad range of operational stressors - combat exposure, length of the mission, physical fatigue, isolation from the family, etc. - negatively influences the psychological fitness of troops.

Therefore, the goals of TLD programs include physical rest and recreation in a safe environment, facilitating the reintegration in normal (civilian and family) life, promoting wellness through relaxation and reflection, increasing recognition of potential mental health programs, encouraging help-seeking behaviour and reducing stigma for post mission adaptation problems.

Decompression should not primarily aim at the prevention of psychiatric disorders such as PTSD or depressive disorders but nor at reducing suicide rates, but it has the potential to assess risk for these mental health problems and follow up should be provided.

TLD programs could also be seen as a reward and recognition for troops after long term deployment but it still seems that there is no consensus about this ethical point of view.

Table 1: Decompression goals.

Facilitating and easing the transition from combat-life to non-combat life: reducing the stress associated with return, reintegration and readjustment in family life.
Promoting wellness and mental hygiene through rest, relaxation, recreation and reflection: stimulate positive connotation about operational experiences through individual reflection and group discussion of operational experiences.
Increasing awareness of mental health symptoms and ways to address them: provide tools to work through difficult experiences and ways to recognize uncommon reactions (coping with anger).
Addressing command closure: achieve closure for the felt responsibility toward those who served.
Stimulate information exchanges of operational experiences: informal mental health interventions, during recreational activities and rest, helping the normalization process, taking away the stigma on help-seeking.
Reducing the stress associated with return, reintegration and readjustment in family life: coping with (young) children, spouses, meeting the expectations on both sides, working on the mindset of both sides.

2.1.2 Key Elements in decompression Programs

While most "decompression progams" show considerable differences with respect to the location, the duration, the structure and the contents, some elements of these programs appear to be part of a broader consensus between several NATO countries.

The typical features of decompression programs are [5]: (1) giving returning soldiers a short break (2 or 3 days), out of the operation theatre, before homecoming; (2) psycho-education i.e. counselling on (stress) coping strategies and adaptation methods; (3) rest and recreation; (4) stepwise exposure to normal alcohol consumption; (5) choices home to spend time and unwind during the TLD program; and, (6) structured opportunities to share experiences, engage in social support and reflection on their experiences.

2.1.2.1 Location and Duration

All nations agree that decompression is best carried out in a third location. Most nations select a location which is half way between the operation theatre and the home front. For troops returning from Afghanistan to Europe, this could mean Malta, Cyprus or Crete, while the weather conditions also seem to play an important role. A transit period in a cold and cloudy country could appear to be more stressful that a sunny tourist destination.

While Canada, France, Belgium and the Netherlands prefer to use hotel resort facilities, the USA and the UK seem to prefer military bases. This might offer a better control of the troops and keep journalists away (instead of letting them book rooms in the same hotel resort). It is acceptable that soldiers prefer civilian facilities and that even from the organisational point of view (simply being away from the strictly military environment should be relaxing), but yet (to our knowledge) no empirical data are available to point at the differences in effectiveness regarding the rest and recreational (R&R) aspect of the program.

Experiences of the French *Armée de Terre* indicate that a three-day program is the optimum. If the program is shorter, there is not enough time to rest, to adapt and to recuperate, neither is there sufficient time to carry out the program. It takes several days to adapt to a normal (holiday) environment, but if the TLD extends to more than three days, soldiers get bored and start to look for action again i.e. it would be very difficult to keep them in the hotel facility for more than three days and the risk of misbehaviour would increase.

2.1.2.2 Structure

All TLD programs alternate between (mandatory) planned sessions and free time. The transition between intense activity (operation zone) and R&R should be smooth. There should be a clear signal given when the formal operational part of the mission ends and the TLD begins.

The TLD structure has to be very clear and allow rest and physical recuperation beside the more active and educational ingredients of the programme. The purpose of the TLD is to facilitate recovery, reinsertion and transition in normal life. Therefore, it should be recommended that returning soldiers are exposed to the various aspects of normal life i.e. based on free choice of unwinding behaviour, within certain limits. TLD psychologists of the French *Armée de terre* argue that it is senseless to separate soldiers from civilians in the resort where the program is carried out. They say that during a TLD soldiers will act like they would do once on the homefront.

The best solution seems to be a programme in which soldiers are exposed to a structured program with a correct equilibrium between mandatory elements and free choice or elective sessions. While the wake up in the morning has to be soon enough to ensure an early enough and disciplined beginning of the day program, it still has to be different from what it usual in the operation zone where days tend to start at 6am.

Canadian service members shed their combat battledress, kit, and military gear before arriving in Cyprus wearing shorts and t-shirts [5]. The French soldiers arrive in full battle dress but hand them over to the TLD staff, in plastic bags, upon arrival in the hotel resort. During the TLD, they wear their official military sports clothes, for the purpose of being recognizable by both the TLD and the hotel staff. For the French armed forces, this is an important element of the program: while being allowed to rest and recuperate, wearing the official unit colours while being in sport clothes show that the TLD is really considered as "on duty". Their battle dress is washed by personnel of the hotel resort and they will wear it again when returning home.

A normal TLD day starts with late wake up and breakfast, a mandatory session (psycho-education session, mental relaxation, post-mission debriefing, etc.), mostly followed by free sports and recreation, lunch, and in the afternoon a similar program. The most nations agree that there should be some choice between different kinds of recreational and sports activities, but consider the core of the mental health activities as mandatory. However, some workshops might be optional, for instance those aiming at problems with (young) children after the homecoming or those on anger management. Religious services should also be available but never mandatory. The importance of these services might increase in units which have been confronted by fatalities or severe wounded casualties during the deployment.

2.1.2.3 Opportunities for R&R

The most TLD programs explicitly include rest and recreation, but it should be avoided to organize forced physical training activities and especially collective sports with a competitive aspect. The soldiers' aggression level, which was functional during the deployment, is still too high and involves risks for acting out behaviour while being on the playground. The same is true for risky sports or recreation such as jet ski, parasailing, canyoning, etc. Since risk taking behaviour is typical for soldiers who have been exposed to constant danger, it would be a risk to let them take part in these activities. It would be too sad to have accidents with wounded casualties during the TLD program.

While some nations (France, The Netherlands) organize diverse tourist activities during the TLD, others keep the soldiers busy within a strict military climate. The *French SAS de fin de mission* starts with a relaxing boat trip during which a band played popular songs and soldiers were allowed to swim in the open sea. It also contains a cultural visit to an ancient roman mosaique site during the last day. With this cultural activity, the French army aims at a gradual exposure to normal leisure activities and tourism.

Massage is another interesting element in the French program. Each soldier receives at least one massage session and everyone is checked for by an osteopath. Six months in combat dress, carrying the military kit and gear, is potentially harmful for the back and the French armed forces consider it as crucial that every soldier returns home in a relaxed (muscular) condition.

The current TLD programs of NATO countries view the availability of alcohol in a safe, controlled environment to be an important aspect of TLD, while the degree of access to alcohol differs. For some, alcohol was freely accessible (The Netherlands), whereas for others, the timing and amount of alcohol was controlled (UK) [5].In some cultures (France, Belgium) alcohol is typically consumed as part of social function or part of the 'table culture' or gastronomy; during the French TLD, soldiers were allowed to drink wine or beer with their meal starting at 7pm and bars closed at 1am ultimately.

Alcohol policy depends from country to country, but it is clear that military commanders, everyone on his own level, still remain responsible for their returning soldiers. Abuse of alcohol during the TLD should be seen in the same way as alcohol abuse during the mission: it is a strict disciplinary problem.

Alcohol consumption, social events or parties during the TLD should be based on the principle of 'mutual coercion mutually agreed upon' and clearly briefed at the beginning of the TLD. In combination with a

buddy system, where everyone 'watches the back of someone else', strong leadership should prevent all forms of abuse. A point of discussion remains the freedom of movement of soldiers while being at the TLD location; some armies allow their soldiers to leave the hotel facilities, while other nation (France, Belgium) clearly prefer to keep everyone inside the hotel facilities.

2.1.2.4 Psycho-Educational Components

To our knowledge, all the current TLD programs include mental health (MH) components. These sessions aim at: 1) reducing the stigma associated with MH support and informing the soldiers on the availability of support (where, when, for what and how to get it practically?); 2) facilitating social sharing and support during collective group sessions (preferably in the same groups that operated together; 3) informing on the normal and legitimate thought, reactions and emotions after returning from long term deployment (in a danger zone); and, 4) facilitating and stimulating the normal working through process and psychological recovery. Post mission debriefing sessions might also focus on the most difficult parts of periods of the tour of duty. These sessions vary from the well-known protocols on psychological debriefing and do not primarily aim at emotional disclosure and ventilation, but should allow direct support for all the possible reactions.

These sessions, carried out by uniformed psychologists, also seem very valuable for identifying those at risk for chronification of trauma sequelae or other unwanted (medical or psychological) conditions.

2.2 Comparison of Decompression Programs

In what follows, the TLD programs of The Netherlands, Canada, the United Kingdom, the United States, France and Belgium – which are the programs known to our knowledge - will be compared on the basis of several key questions. Some of the findings of the *Third Location Decompression Workshop* which has been held in Portsmouth (UK) between 11-13 May 2009 will be used for this comparison.

2.2.1 What is the National Policy on Decompression?

In the Netherlands, decompression is provided for every service member who has been deployed for more than 30 days. Apparently, every deployed service member can benefit from this policy, but personal contacts with Dutch colleagues show that it is still very difficult to reach every concerned soldier with this program; some service members deploy on individual basis and others deploy for variable times and in variable conditions, making systematic decompression a difficult issue.

In Canada, it was recognized that personnel returning from difficult deployments needed time to achieve sense of closure and prepare for return home. Commanders are to assess the impact of the deployment on their personnel and consider decompression at a third location in their reintegration plan.

In the UK, Health and Safety Leaflet 25 Stress Management contains a variety of single service post operational stress management policies which included TLD. Many commanders consider the use of decompression as a part of their duty of care towards their troops.

The UK-based Permanent Joint Headquarters made a policy decision that all formed unit personnel will decompress; however, a theatre unit commander may staff a decompression waiver through the operational commander at the Brigade level. The waiver is subsequently staffed to the Permanent HQ who liaised with the front line commander before the final decision at the general officer level is made (Note: this process is under review) [5].

The US lacks a national DoD wide policy on TLD. The individual services have different decompression policies. The Navy has a policy of TLD/Warrior Transition Program but it is not an standardized policy.

The Marine Corps only carries out components of the TLD program. The US Navy and Marine Corps: MCRP 6-11C Combat Stress (2000), which cover leadership training and other components including family readiness, directs the in-theatre decompression period and recommends small-groups process together post-deployment. ALMAR 032/03 Policy for Return and Reunion of Marine (2003), coined "Warrior Transition Program", mandates in-theatre briefings for all hands conducted by medical personnel or chaplains and post-deployment CSC follow up and referrals to service providers [5].

At this moment, France only offers a TLD to soldiers returning from the operation theatres in Afghanistan after a deployment of six months.

In Belgium, TLD is still in the stage of test case. Initially, the first test case was planned to be carried out between 26-29 Oct 2010 but a few days before the program was intended to start – after a pro and contra debate in the press and among the deployed soldiers - the Belgian Minister of Defence (MOD) postponed the test case. The next test case (again in the stage of planning, aiming at the OMLT in Afghanistan) is supposed to be carried out in June 2011 but the final decision of the MOD is unknown till today.

2.2.2 What is the Purpose of the TLD, Where and How Long is it Organized?

The Netherlands, Belgium and France highlight the recognition and respect for soldiers who have been deployed in a long term (potentially dangerous) mission. They engage in relaxation, provide rest and recreation, propose adaptation talks and psycho-education and inform returning soldiers on possible medical and/or psychological problems.

Canada aims at easing the reintegration process for returning service members and their families.

The UK wants to provide a safe environment for soldiers who have shared (combat) experiences in order to allow them to begin winding down and adapt for return to a normal environment. TLD is intended to support troops who have been confronted to high tempo of operations. Rest and recreation are seen as crucial for troops who have been in intense combat situations.

For the US Navy, rest, replenishment, reflection and recognition, relate to the identity of the Navy, but the program is not part of a global policy with clearly described objectives.

Most European nations – the UK France, Canada and Belgium – seem to prefer as 5-star hotel in Cyprus. The Netherlands preferred a similar hotel resort in Crete and the US used a Kuwaiti Navy and Army base. There does not seem to be a consensus whether or not a TLD should be organized in civilian context. A 5-star hotel might seem too much recognition for soldiers and trigger negative reactions in the public opinion of several countries, but this kind of facilities are needed for simultaneous working in subgroups and recreational activities.

Most programs take approximately 3 days.

2.2.3 Mental Health Related Activities and Other Follow Up Processes

In the Netherlands, most mental health related activities are mandatory: briefing on the goals of the adaptation program, briefing on health related aspects of post deployment by a medical doctor, adaptation talks based on the (US) BATTLEMIND concept in small groups (looking back and forward on the impact of the mission-related aspects) and outreach care. Optional is an additional private session with a MH professional. The aftercare consists of a return interview at 12 weeks and a questionnaire of aftercare at 24 weeks.

In Canada, the decompression period is part of a multiphase reintegration process (starting in theatre, 2-4 weeks before leaving, with a decompression period in Cyprus). Canada offers obligatory mental health

briefings (adaptation of BATTLEMIND, using a 40-min video with 4 different vignettes of returning soldiers, illustrating various adaptation problems like anger management, followed by group discussion). Furthermore, the TLD program offers five elective thematic sessions from which each soldier has to choose two different workshops. An additional session with a MH professional is an option. The follow up consists of a post deployment screen 24 weeks after returning.

During the UK program, a visit to Tunnel Beach is mandatory; a MH provider and a padre walk around the beach talking to service members, screening for potential adaptation problems on an informal basis. Before the closing BBQ there is a maximum 1 hour of mandatory briefings (i.e. mental health brief by a psychiatric nurse). The psycho-educational contents during these briefings concern driving cars in normal life, and, tips and tricks about homecoming (by the padre). This program looks essentially as time to rest and unwind, but seems less formatted and structured than some other programs (cf. Belgium and France).

The US provides mandatory mental health briefings and screens, including the post-deployment health assessment (PDHA), delivered by social workers, chaplains and psychologists. Navy's WTP is primarly a logistics operation involving dropping of gear and travel. Reentry includes symbolic turnover of weapons and armor [5].

The French and Belgian TLD or SAS program is much more structured and in addition to mental health briefings, elective thematic workshops and adaptation talks, contains elements of mental coaching or TOP (i.e. Techniques d'Optimisation du Potentiel). TOP sessions are delivered by Physical Training Instructors with extensive training in mental and muscular relaxation. Throughout the SAS, three TOP sessions (in groups of approx 30 service members) are provided. These sessions aim at both individual (muscular) relaxation and stress management. After homecoming, French soldiers fill in the Post OPEX questionnaire which describes the TIC (Troops in Contact) related events or other critical events with which they have been confronted. This questionnaire is filled by the individual soldier and his immediate commander. The soldier also confirms whether or not he participated in the TLD after his mission. Three months later, on the initiative of the immediate commander, the Post OPEX document is re-evaluated.

Belgian soldiers fill in a post deployment questionnaire (used by the Counselors in Mental Readiness) and troops which will take part in the SAS will also fill in a combat exposure checklist and a short PTSD inventory. There is no special follow up on 12 or 24 weeks after the mission.

2.2.4 Which Kind of R & R Activities are Organized During the TLD?

For the Netherlands, the R & R activities during the TLD in Crete contain both individual and group activities and excursions; Go-karting, movies, spa, fitness, swimming pool but also an excursion to Chania. Canada allows the typical summer vacation R & R activities such as jet ski, water ski, parasailing, etc. while Belgium and France prohibit these rather risky activities; during the first French TLD in Cyprus, there had been an accident with a jet ski and furthermore, the French TLD staff claims that competition is to be avoided with returning troops due to the remaining aggression levels. During the UK program, there is only limited time for recreation and sports. The US do not offer organized R & R activities for soldiers.

2.2.5 Bringing Injured Soldiers or Soldiers Who Left Early (for Medical/Psychological/Social) Reasons to the TLD?

One of the topics which is still under discussion is whether or not troops who had to leave the mission for psychological, medical or social reasons, should be brought in again to take part in the TLD. Canada does not bring injured service members back in, although it has been requested. It remains unclear what kind of benefit this would have both on the injured soldiers themselves and on their colleagues.

The UK brings injured soldiers to the TLD if they are fit to fly and do not put a burden on those in Cyprus. The reactions of both the individuals and the units were positive; it was seen as important in order to facilitate the recovery process.

In the US, letting injured soldiers go back to the unit for the post mission activities, starting in a third location, is not part of a general policy.

For Belgium and France, this issue has not been raised till now.

2.2.6 Which are the Common Problems During the TLD?

The most common problem with the organization of a TLD is the policy on alcohol and freedom of movement during this transition period. Troops consider it as "childish" or mistrust if there is a restriction on the use of alcohol. During the Netherlands TLD, soldiers receive a couple of tickets and are allowed to purchase alcohol. The staff care for those who get drunk during the TLD.

Canada uses a non-restrictive policy and applies control measures to mitigate the potential for misconduct. Soldiers must use their own judgment. Misconduct is treated on a disciplinary basis.

The UK does not provide alcohol during the first day at the beach. Alcohol is available after dinner with limit of 5 drinks per person. The UK wants to prevent "tribalizations" of close knit units and the potential for clashes between differing units as a consequence of alcohol (over) consumption.

Belgium follows the French policy with respect to alcohol during the SAS: no alcohol use throughout the day (only after 7pm), no stocking of alcohol in the rooms and closing the bars of the hotel at 1am sharp.

2.3 Evaluation of Decompression Programs

TLD programs of several NATO countries have been studied and evaluated but till now there is only evidence on the level of satisfaction with this kind of programs. There is no hard evidence on the mental health outcomes of TLD. Till now there is only limited expert opinion and anecdotal evidence on the usefulness and success of these adaptation programs. There is a rather high level of reported subjective utility on the use of TLD.

The report from the TLD workshop [5] shows that the right length for a TLD seems to be between 36 to 72 hours. The majority of those who experienced TLD were satisfied with the training received including the BATTLEMIND training (value of the experience around 70-75%). The psycho-educational components were reported to be satisfactory both during the TLD and 16 to 24 weeks later. Low combat exposure resulted in a greater degree of satisfaction for the TLD. Leaders' attitudes toward the benefits of TLD were mixed.

It is surprising how troops seem to be against participation in a TLD prior to attending the program and show high satisfaction rated afterwards. The role of combat exposure as related to the perceived usefulness remains largely unclear and should be further investigated.

3.0 THE SAS: THE BELGIAN END OF MISSION TRANSITION PROGRAM IN PROCESS OF PLANNING

The Chief of Defence (CHOD) of the Belgian armed forces, raised the question of a possible test case for 'decompression' in Spring 2010. A working group under the guidance of the Department of Well-being (Psychosocial Support Section), composed of Counsellors in Mental Readiness, psychologists and psychiatric nurses from the health services (Centre of Mental Health, Queen Astrid Military Hospital), social workers and padres, studied the TLD programs of other nations and elaborated a 3-day program.

The author of this manuscript took part in the French TLD (SAS) program in Cyprus and further detailed the Belgian SAS concept.

The Belgian SAS is planned to be a part of a broader psychosocial support system in which both service members and most significant others receive counselling and support on well determined moments of the deployment cycle. The Belgian SAS program is oriented toward the French model, with slight adaptations.

First, upon arrival, troops will receive an initial briefing delivered by the officer in charge of the program. In the French model, this officer was also the chief psychologist who was responsible for the program. For Belgium this will be some from the operations & training branch.

The initial briefing contains the practical and disciplinary 'rules of engagement' of the TLD but also the objectives and aims of the program.

Soldiers will arrive in Cyprus, be installed in their rooms in the hotel and get the introduction briefing followed by a night sleep. The next morning, the program starts with a rotation between various key elements of the program: psycho-educational adaptation talks (in group), TOP sessions, (taking each 1,5hr) and moments for sport, rest and recreation. Unlike the French SAS, there will not be post mission group talks focusing merely on the operational aspects. The last day, soldiers can decide to take part in elective session about particular aspects of the homecoming and anger management.

Unfortunately, till now this program has not been fully implemented and remains in the status of test case. Weeks before the first try out, Belgian journalists embedded in the OMLT and PRT missions in Afghanistan, accidentally heard about the first Belgian TLD test case which was planned between 26-28 Oct 2010. Immediately, Belgian new papers and television stations raised a storm of attention for this program, questioning the utility of "a vacation for Belgian troops in Cyprus", making the project ridicule.

Before military mental health specialists were able to defend the well-balanced and well-studied project, families and significant others were interviewed and overtly stated that they preferred troops to come home straight instead of spending "three more days in Cyprus and come back later".

Due to a lack of true and timely communication from the military commanders to both troops and their families, on the one hand, and the media, on the other hand, the TLD test case raised a lot of negative publicity. After visiting the troops in Afghanistan, the MOD postponed the test case which is now scheduled to take place in June 2011 (till now there is no decision whether or not it will take place).

Table 2: The Concept of the Belgian TLD/ SAS.

This program has been elaborated for groups till 100 Paps (working in two subgroups).

Arrival day: arrival at the airport, transport to the hotel, IN briefing.

Table 2.1: Program day 1: AM – collective and mandatory part; PM – rotation of groups in the program.

	10.00 11.00	11.00 12.00	12.00 14.00	14.00 15.30	15.30 17.00	17.00 18.30	LPM
Group 1	IN Briefing on the Objectives + Presentation of the SAS Staff	Introduction on "BATTLE MIND"	Lunch + Free R&R	TOP Session	Free Sport	Adaptation Group Talk	SOCIAL EVENT EVENING
Groep 2		"		Adaptation Group Talk	Free Sport	TOP Session	

Table 2.2: Program day 2: AM – collective and/or mandatory part; PM – rotation of groups.

	09.00 10.00	10.00 11.00	1100 1230	12.30 14.00	14.00 -15.30	15.30 17.00	17.00 18.00
Group 1	Briefing on health related post deployment issues	R&R	Workshop 1 Specific Aspects Of The Return	L U N C H	TOP	Workshop 2 Specific Aspects Of The Return	EVENING MEAL
Group 2	Briefing on health related post deployment issues		Workshop 2 Specific Aspects Of The Return	+ R & R	Workshop 1 Specific Aspects Of The Return	TOP	

Table 2.3: Program day 3: AM – collective and/or mandatory part.

	09.00 10.00	10.00 11.00	11.00 12.00	12.00
Group 1	TOP	Sport	Debriefing SAS	LUNCH
Group 2	TOP	Sport	Post-mission Risk Screening (PTSD) Questionnaire SAS Evaluation Questionnaire	Preparation for the Homecoming Check Out

4.0 CONCLUSIONS AND WAY AHEAD

While the majority of NATO countries consider TLD to be a valuable component of (psychosocial) post mission counselling, there still remain a lot of questions to be answered. Even if TLD can be seen as a

reward to the service members, it seems important to be sure that no additional harm is done while bringing soldiers together and making them talk about their experiences.

Till now, with the available research data, it is impossible to draw scientific conclusions about the mental health outcomes of TLD. There might even be potential risks with these decompression programs, comparable to the risks of psychological debriefing. Expectations might still be unreasonably high and military commanders might view TLD as the right answer for all kinds of operational wounds. The instauration of TLD should certainly not lead to a disinvestment in other psychosocial or mental health support activities.

The outcome measures of TLD seem to focus on the perceived utility of this kind of support and troops largely report their satisfaction which does not mean that their (mental) health improves after these three days on a third location.

Other outcomes such as key mental health symptoms (i.e. symptoms of depression, stress, trauma, etc), rates of domestic violence, signs of improved reintegration and adaptation, cohesion and morale indicators, cues of reduction of stigma toward mental health, indications of improved sleep, reduction of post deployment risk behaviours (e.g. alcohol and substance abuse, aggressive driving or behaviour, mental rumination) should be included in future research and randomised controlled designs should be used to study the real effectiveness of these programs.

These studies to be carried out should allow systematic data collection and handle clear definitions about the measured outcomes, and prioritize whether or not the outcomes should be oriented toward operational or mental health issues.

At this moment, mental health professionals involved in TLD programs, seem to have a consensus on the expectations as to what effects decompression could or should achieve [5] : improved morale, improved relationships with family members, reduction in driving accidents and reduction in stigma associated with seeking mental health care. Even so, they agree that decompression will not reduce PTSD rates, physical injury rates and suicide rates.

Researchers will have to better document these possible outcomes, since decompression programs have a significant cost and need to be defended toward the civilian tax payer and the public opinion.

It seems unrealistic to offer TLD to all troops returning from deployment on the basis of the length of the mission. Ideally, the decision should be made after an in-depth analysis of the context of certain operation, based on the risk (danger), the length, the conditions, the level of hardship and the type of operation. On the other side, it is crucial that this decision is communicated to both the soldiers and their significant others in order to avoid last minute negative reactions or other counter productive rumours and opinions.

More energy should be invested in the management of the communication about these programs: each nation should show its gratefulness and recognition about the way in which troops did their duty and served their country in a sometimes arduous operation.

5. REFERENCES

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